with the full list of names. Do not include addresses here.)

UNITED STATES DISTRICT COURT

for the

Eastern District of Pennsylvania

,	Case No.	
Joal William Goodwin		(to be filled in by the Clerk's Office)
Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above,		
please write "see attached" in the space and attach an additional page with the full list of names.)		FILED HARRISBURG, PA
		APR 1 3 2020
See Attached		PER
Defendant(s) (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page		GEPOTT OLLING

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

The Clerk will not file a civil complaint unless the person seeking relief pays the entire filing fee (currently \$350) and an administrative fee (currently \$50) in advance, or the person applies for and is granted in forma pauperis status pursuant to 28 U.S.C. § 1915. A prisoner who seeks to proceed in forma pauperis must submit to the Clerk (1) a completed affidavit of poverty and (2) a copy of the trust fund account statement for the prisoner for the six month period immediately preceding the filing of the complaint, obtained from and certified as correct by the appropriate official of each prison at which the prisoner is or was confined for the preceding six months. See 28 U.S.C. § 1915(a)(2).

If the Judge enters an order granting a prisoner's application to proceed in forma pauperis, then the order will assess the filing fee (currently \$350) against the prisoner and collect the fee by directing the agency having custody of the prisoner to deduct an initial partial filing fee equal to 20% of the greater of the average monthly deposits to the prison account or the average monthly balance in the prison account for the six-month period immediately preceding the filing of the complaint, as well as monthly installment payments equal to 20% of the preceding month's income credited to the account for each month that the balance of the account exceeds \$10.00, until the entire filing fee has been paid. See 28 U.S.C. § 1915(b). A prisoner who is agranted leave to proceed in forma pauperis is obligated to pay the entire filing fee regardless of the outcome of the proceeding, and is not entitled to the return of any payments made toward the fee.

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Rathleen Hawk-Sawyer Morth East Regional Director
Regional Louised Darrin Howard
warden buay
ASSOCIOT WAV DOU ONS BOOM
as accept in Accisent us. RIDWAC
execuative Assistant Ms. Brown a unit Manager Lin
Cuse manager amuery
councelor Bastian
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STAPrateman
313 Lt. Barlow
S\$5 toch unknown
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SHUOHIGET J. SONES
PA Bennett-Marken
PAHOLZaPrie
Dr. K. Mb/c
Dr. Powell
Dr. Moore
OcePlin Knept
ASSOCIATE WORDER KLION
ASSOCIATE WORLDAK 1, QU

PRINGULEEN HAWK-Sawyer 320 First St NW washing ten, DC-20534 Regional Director 218 custom House 2nd and chestnut st 7th gl Philidelphia, PA. 19106 Darran Howerd US LUSTOM HOUSE 745 FL 2ndaulChestnut st Ph-11:1-194.9, PA 19/06 Unit manager Lin PODOX 3500 White Deer, PA. 17287 Case munigera. Mudry Poses 3500 White Deer, PA. 17887 countelor Bastian POBOX 3500 White Post, PA. 17987

SIH Prutzmes POBOX3500 White Does, Ph. 17887 525 Lts Barlow 300 POBONSGOO write pedy, PA, 17887 SIS Tech unknown PoBak 3500 White Deer, PA, 17887 repeas 3500 White Peer, PA-17887 SHYOH, LEU VOUREDIG 2018 64,56 White DRA, PA 17887 SHU Officer shrake 2nd Sige POBOR 3500 Where Doer, PAIL 7827

SHUOSTICER S. JONES POBOR 3500 Whitedeer, PA. 17887 PABennett-Meehon POBOX 3500 White Deer, PA. 17887 PA HOZAPPIE PO BOX 3500 White Deer, 8th, 17887 Or Kinble chief Psychologist Poper 3500 white Deer, PA 17887 Dr. A. Powell care 3 Psychologist POBOX 3500 white Deer, PA 17887 PTI MOORE dollarge cordinate POROX 3500 White Deer, PA. 17987

Chaplin Knapp Pb Box 3500 White Deer, PAILEST PHO BittenBerler POBOX 3500 White Deer, PAILEST

AW Klieu Pobox 3500 White Deer, Ph. 17887

I. The Parties to This Complaint

A. The Plaintiff(s)

B.

Provide the information below fo needed.	r each plaintiff named in the complaint. Attach additional pages if
Name	Joal William Goodwin
All other names by which	
you have been known:	Joel William Goodwin
ID Number	19581-031
Current Institution	USP Allen Wood
Address	POBOX 3000.
	White Deer PA 17887
	City State Zip Code
The Defendant(s)	
listed below are identical to those the person's job or title (if known) a	an organization, or a corporation. Make sure that the defendant(s) contained in the above caption. For an individual defendant, include and check whether you are bringing this complaint against them in their pacity, or both. Attach additional pages if needed.
Defendant No. 1	Α Λ .
Name	Mr. Quay
Job or Title (if known)	warden
Shield Number	
Employer	FBOR
Address	45P Allen wood Pobox 3500
	City State Zip Code
	Individual capacity Official capacity
Defendant No. 2	
Name	Mr. Gibson
Job or Title (if known)	Associate warden
Shield Number	
Employer	FBOP
Address	PO 907 3500
	white weer ph 17087
	City State Zip Code
	Individual capacity

E.D.Pa	Defendant No. 3 Name Job or Title (if known) Shield Number Employer Address	FBOP FOBOV 3500 White peer PA 17887 City State Zip Code Individual capacity Note peer Note Deer Deer Note Deer Note Deer Note Deer Note Deer Note Deer Note Deer Deer Note Deer Note Deer Deer Note Deer Note Deer Deer Note Deer Deer Note Deer Deer Deer Note Deer Deer Deer Deer Deer Deer Deer De
	Defendant No. 4 Name Job or Title (if known) Shield Number Employer Address	MS. Brown Executive Assistant I'BDP PD BOX 3500 White Over PA 14027 City State Zip Code Individual capacity Official capacity
П.	Basis for Jurisdiction	
	immunities secured by the Constitution a	laim)
	the Constitution and [federal laws	ing the "deprivation of any rights, privileges, or immunities secured by s.]." 42 U.S.C. § 1983. If you are suing under section 1983, what right(s) do you claim is/are being violated by state or local officials?
	are suing under Bivens, what consofficials?	only recover for the violation of certain constitutional rights. If you stitutional right(s) do you claim is/are being violated by federal than I have processed than and Lay Civil 1946s Eaual of the federal than I have being violated by federal than I have bei

D. (S.)	Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under Bivens, explain how each defendant acted under color of federal law. Attach additional pages if needed. As Employees of Federal Rues.
. Pı	risoner Status
In	dicate whether you are a prisoner or other confined person as follows (check all that apply):
	Pretrial detainee
	Civilly committed detainee
	Immigration detainee
	Convicted and sentenced state prisoner
1	Convicted and sentenced federal prisoner
	Other (explain)
Sta	tement of Claim
alle furt any	te as briefly as possible the facts of your case. Describe how each defendant was personally involved in the eged wrongful action, along with the dates and locations of all relevant events. You may wish to include ther details such as the names of other persons involved in the events giving rise to your claims. Do not cite cases or statutes. If more than one claim is asserted, number each claim and write a short and plain ement of each claim in a separate paragraph. Attach additional pages if needed.
A.	If the events giving rise to your claim arose outside an institution, describe where and when they arose.

C. What date and approximate time did the events giving rise to your claim(s) occur? March 2700 100 pg/(1224PM-1244 MU/(1240) 3fm-12pm Mg/ D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? 1999)

Was anyone else involved? Who else saw what happened?) Kicked a grall of the flut of the fact DrA. Powell not glan grev chies when asked well after Ourcelor Baskian case manager mudrus lesting toansser and it is the realismon of the state stands which can't Bay un thousands with A regard Davies How. Megal fines excessivesuntions Cakhana 40/ DICCON abelic on your ak alder is State, on not gil -x Actansanily Email OF Konse, romadou Intime (44P/1 KA-PF. FOICLY LOYUR SISTENTINANIN If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive. Worsen ing of intury 152814, Cut Arm St. tehes, red Mark from MOSE ground neck medical eval.

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims. Order Pufin for 125 Harswey house PEN POLICY, Trous Rev 60 PROWAR 19412 500 Roll 11/18 From Pellese address, AFAILY 91 10 2945 emonte carred since Dec. 21,2019 Fi Heltway love additional the DW exit surite UPS since Delile, 2014 reinstate all Privilages and Mency (300,500,249) taken a Kind reinstate Mountaken Terre Haute (545) Pito Fines. Single Ecil ap irous along recaione in special hous Aunit. Type writer here unit with weel, Risens Liettion tope for indigentalso 19544. FBI inustigation in institution executly Stasical Harland SHY. agre? MY allowed who we rodso inthe supplied pystastrugal coll to sengtors Terry moven + cory garda en 150,000 sorby 100 compour will t Walk musion as Gatho 120 # 250,000 Cruel + unusual puncspinent taking in Million sue process of tuess to courts, & 250,000 'stratego's in mais 350,000 Para and Suffer un Mosdily NOS: Sed med! (4) 11 is mate 29073 MAISON IN Stranges is charge in ofter 27 years \$15 million civiletime

Jan. 12,2020 SIS Tech (unknow) cane in special housing unit to speak With me after threats strucide. Pirst this wasn't his Job and While I'M, Vestrants in Both he stered to me with aggressive Rody language and knowing Proprincely with stuff Being assultable in chiffs he spoke aggressively using curse works felling me I was by the week to Kicking out I had got, My 3 Writeups for resustage and was 3mos, n to bus needed bo transfer After cursing and yells in et me ogd telling het wasn't, suicidal even though I had Been Phill SON BILISH RYM DUC to Eclimate Being threatening and assultive and stass wasn't going seperate us bill 2019 39mr id intecall Investigation sor PC wes verisied 2014 he only wented to achterness ASSAtting Stass in MET YELLOWY WHEN & as Intell & inhete

BUE was not woote uf like he said it was weapon, Throat, DisoBeaying direct order But this 2013, and 4 ifiel PC 2014 he So lete. This incodent ad senderities ne. Agian refused to for out Stidingsei mate has in the in covertly SISTE and regula folicy states one veriel K d can Nover Bean that agian In other words once varisting Pusone who re Forda verified Pt tyer.

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

λ.	Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
	Yes Yes
	□ No
	If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).
i.	Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?
	Yes
	□ No
	Do not know
	Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?
	Yes
	\square N ₀
	Do not know
	If yes, which claim(s)? all claim(s)?

E.D.Pa. AO Pro Se 14 (Rev. 04/13) Complaint for	Violation of Civil Rights	

D.	Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?
	Yes
	No No
	If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?
	Yes
	No No
E.	If you did file a grievance:
	1. Where did you file the grievance?
	2. What did you claim in your grievance?
	3. What was the result, if any?
	4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)
-	

	F. If you did not file a grievance:
acles Sever BP-10	1. If there are any reasons why you did not file a grievance, state them here: US Never allowed 5 to Gravious of the fevrior allowed filed allowed filed sensative of the fevrior no restance Filed of to rey or on OHO never of festerial
011 011	2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any: Waldon Quay, MBBISWA, AW BSON and Kleek, capt Hall, Derbey Howard, reflects to rector of BOR, DE Kinble, correlation Bewer sox was the 19 Gue who yave he Spence Show Drkinder BPB
cusc m for MS	Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. SOF 3 WEEKS IN SHU COUNT des Bustian and account of Mudra Played with SPVILLA By net given and of Reports by the withen asked in the allewelle (Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)
VIII.	Previous Lawsuits The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).
	To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"? Yes No
	If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

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A .	Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action? Yes
В.	If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.) 1. Parties to the previous lawsuit Plaintiff(s) Defendant(s) 2. Court (if federal fourt, name the district; if state court, name the county and State) 4. Name of Judge assigned to your case 5. Approximate date of filing lawsuit 6. Is the case still pending? Yes No If no, give the approximate date of disposition. 7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

	Yes
	No
D.	If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If the more than one lawsuit, describe the additional lawsuits on another page, using the same format.)
	Parties to the previous lawsuit Plaintiff(s)
	2. Court (if federal court, name the district: if state court, name the county and State)
	3. Docket or index number
	4. Name of Judge assigned to your case
	5. Approximate date of filing lawsuit
	6. Is the case still pending?
	No If no, give the approximate date of disposition
	7. What was the result of the case? (For example: Was the case dismissed? Was judgment entering your favor? Was the case appealed?)

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case—related papers may be serwed. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

G'	and re	2	
Signature of Plaintiff	Alle I		0
Printed Name of Plaintiff	15091 6,000	UiVI	
Prison Identification #	19581-031		
Prison Address	POB=7 300 G	00	
	wlite leer	AV A+	1782
	City	State	Zip Cod
For Attorneys			
Date of signing:			
Signature of Attorney			
Printed Name of Attorney			
Bar Number			
Name of Law Firm			
A 11			
Address			
Address			
Telephone Number	City	State	Zip Cod